PART B - FEE(S) TRANSMITTAL

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885			
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further except onders indicated unless corrected by the current correspondence address as indicated unless corrected by the current correspondence address as indicated unless corrected by the current correspondence address as indicated unless corrected by the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23373 7590 04/11/2006					Note: A certificate o Fee(s) Transmittal. The papers. Each addition have its own certification	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission		
SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800					I hereby certify that t States Postal Service	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTON, DC 20037						(Depositor's name)		
		, ,			(Signature) (Date)			
APPLI	CATION NO.	FILING DATE		FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10	10/665,182 09/22/2003			Kazuyasu Chiba		Q77605	5566	
TITLE OF INVENTION: BALL GIVEN QUANTITY SUPPLY APPARATUS AND METHOD AND APPARATUS FOR ASSEMBLING BALL SCREW APPARATUS								
APP	LN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
non	nonprovisional NO		\$1400		\$300	\$1700	07/11/2006	
<u> </u>	EXAMINER		ART UNIT		CLASS-SUBCLASS	j		
. KOEHLER, CHRISTOPHER M 3726					029-898040			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
NSK Ltd. Tokyo, Japan								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
☐ Iseue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.								
☐ a. A	pplicant claims S	(from status indicated above	37 CFR 1.27.			ALL ENTITY status. See 37 C		
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Authori	zed Signature	fellagy 3	chrid	}	Date	06-72-00	17 10665182	
Typed o	or printed name _	Jeffrey A: Sc	hmidt	· .	Registration			
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